

**CAMP BEAUSITE NORTHWEST
DIETARY QUESTIONNAIRE**

This form will provide us with information on your camper's special dietary needs including food allergies and sensitivities. We want to insure your camper's stay with us is safe and without incident. Please be thorough. If a question doesn't pertain to your camper, please write "Not Applicable", Do not leave it blank.

Camper Name: _____ **Session:** _____

1. List all foods and/or ingredients in processed and packaged foods your camper cannot eat due to severe intolerance and/or allergic reactions:

2. If your camper ingests or comes in contact with any foods or ingredients listed above, describe his/her reaction. Include physical or behavioral signs/symptoms evidenced and how long after contact the symptoms begin:

3. List emergency protocols recommended by your camper's physician to treat the reaction and reverse symptoms (for example: Epi-pen injections; Benadryl, Syrup of Ipepac, etc.)

4. List all foods and/or ingredients in processed or packaged foods that do not cause severe allergic reactions but may cause physical discomfort, affect moods or behaviors.

5. If your camper comes in contact with, or ingests items listed in #4, describe his/her reactions. Include physical and/or behavioral signs/symptoms and how long after contact the symptoms begin:

6. What actions do you take when your camper ingested a food or ingredient listed in #4?

7. Please list any foods or beverages you are providing for your camper. Items must be marked with the camper's full name. If you have questions about what foods or beverages provided by us, please call the Food Service Manager at 360-732-7222 (after end of May).
